

19										41	p for						
ol No. 3060-08									4	Preventative	Move one link to different equip for redundancy						
FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819									(6)	Service Outage	Card replaced, service restored						
FCC Form 481 OMB Control N	July 2013							And the second second	•	Did This Outage Affect Multiple Study Areas (Yes / No)	No						
			ALLEY TEL		u	ext.	tjordan@charitonvalley.com	Yes	(4)	Service Outage Description (Check all that apply)	Wireline (including cable) VoIP,Wireline (including cable) Voice (non-VoIP),Card failure SS7 providers equip2 links failed						
		421864	CHARITON VALLEY TEL	2018	Tina Jordan	6603959682 ext.	tjordan@ch	çes?	δ	911 Facilities Affected (Yes / No)	Yes						
							ne <030>	service outag	<i><C></i>	Total Number of Customers	5124						
					ng this data	Contact Telephone Number - Number of person identified in data line <030>	Contact Email Address - Email Address of person identified in data line <030>	For the prior calendar year, were there any reportable voice service outages?	\$C1>	Number of Customers Affected	5124						
					act regardi	person ide	person ide	ere any rep	\$4\$	Outage End Time	05:59						
oice)				***************************************	AC should con	er - Number of	nail Address of	ear, were the	<	Out	08/13/2016						
orting (V		9	Je		Person US	one Numb	ddress - Er	alendar y	< 6 2>	Outage t Start Time	03:43						
(200) Service Outage Reporting (Voice) Data Collection Form		Study Area Code	Study Area Name	Program Year	Contact Name - Person USAC should contact regarding this data	ontact Teleph	ontact Email A	or the prior α	 61>	Ont	08/						
(200) Service Outage Data Collection Form			<015> S	- 1				<210> F	<220>	NORS Reference Number	16-23054273						

Certification of Officer as to Compliance with Applicable Service Quality Standards and Consumer Protection Rules

(010) Study Area Code 421864

(015) Study Area Name CHARITON VALLEY TEL

(020) Program Year 2018

(030) Contact Name Tina Jordan (035) Contact Telephone No 660-395-9682

(039) Contact Email Address tjordan@charitonvalley.com

CERTIFICATION

Chariton Valley Telephone Corporation (Chariton Valley) operates in the state of Missouri. Chariton Valley operates under the old Missouri PSC standards and service requirements. As added standards Chariton Valley monitors repeat trouble, performs 100% call back within 24 hours following an install or trouble addressing issues expeditiously, and has Customer Service Representative quality call monitoring and mentoring. Chariton Valley also complies with Red Flag Rules, CPNI, and the Fair Credit Reporting Act, and seeks to protect our customer's privacy while providing them with high quality, state-of-the-art telecommunications products and services including voice and broadband. I certify that I am an officer of the reporting carrier; my responsibilities include ensuring compliance with the applicable service quality standards as well as the consumer protection rules; and, to the best of my knowledge, the carrier is in compliance with applicable service quality standards and consumer protection rules pursuant to 47 C.F. R. 54.313 and 54.422.

Signature of Authorized Officer Printed Name of Authorized Officer Title or position of Authorized Officer

Kirby Underberg

General Manager

Certification of Officer as to Compliance with Functionality in Emergency Situations

(010) Study Area Code 421864

(015) Study Area Name CHARITON VALLEY TEL

(020) Program Year 2018

(030) Contact Name Tina Jordan (035) Contact Telephone No 660-395-9682

(039) Contact Email Address tjordan@charitonvalley.com

CERTIFICATION

Chariton Valley Telephone Corporation (Chariton Valley) operates in the state of Missouri and adheres to the Provisions in 4 CSR 240 Chapter 34 Emergency Telephone Service Standards. Chariton Valley Telephone Corporation (Chariton Valley) has a reasonable amount of back-up power to ensure functionality without an external power source and is able to reroute traffic around damaged facilities. Chariton Valley is also capable of managing traffic spikes caused from emergency situations. I certify that I am an officer of the reporting carrier; my responsibilities include ensuring functionality in emergency situations; and, to the best of my knowledge, the carrier is in compliance with able to function in emergency situations pursuant to 47 C.F. R. 54.313 and 54.422.

Signature of Authorized Officer Printed Name of Authorized Officer Title or position of Authorized Officer Kirby Underberg Date ()

General Manager

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Data Co	Data Collection Form	OMB Control No. 3060-0986/OMB Control No. 3060-0986/OMB Control No. 3060-0819- July 2013
<010>	<010> Study Area Code	421864
<015>	<015> Study Area Name	CHARITON VALLEY TEL
<020>	<020> Program Year	2018
<030>	<030> Contact Name - Person USAC should contact regarding this data	Tina Jordan
<035>	<035> Contact Telephone Number - Number of person identified in data line <030> 6603959682 ext.	6603959682 ext.
<039>	<039> Contact Email Address - Email Address of person identified in data line <030> tjordan@charitonvalley.com	tjordan@charitonvalley.com

<701> Residential Local Service Charge Effective Date
<702> Single State-wide Residential Local Service Charge

1/1/2017

	and Fees											
(C)	Total per line Rates and Fees	18.02										***************************************
37.12	Service Charge	0.0										
 4b4>	State Universal Service Fee	0.02										
CDS CDS CDS CDS CDS CDC CDS CDC CDS CDC CDC	State Subscriber Line Charge	0.0										
 	Service Rate	18.0										
♦ 1>	Rate Type	FR										
<83>	SAC (CETC)											
<92> <93>	Exchange (ILEC)	ALL										
<a1></a1>	State	МО										

(710) Broadband Price Offerings Data Collection Form

FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013

1 " -				CHARITON VALLEY TEL	× 181			
	ear			2018				
1 1 7 7	Contact Name - Person USAC should contact regarding this data	ld contact regarding	this data	Tina Jordan		E TO THE STATE OF		
	Contact Telephone Number - Number of person identified in data line <030>	ber of person identil	fied in data line <030>					
<711> <a1></a1>	Contact Email Address - Email Address of person identified in data line <030>	ress of person identi	fied in data line <030:	> tjordan@charitonvalley.com	onvalley.com			
	<32>	<	<92>	<1p> <q1>></q1>	<42>	<£b> .		<d4>></d4>
State	Exchange (ILEC)	Residential Rate	State Regulated Fees	Total Rates and Fees	Broadband Service - Download Speed	Broadband Service Usag -Upload Speed (Mbps) (GB)	Usage Allowance (GB)	Usage Allowance Action Taken
OW	ALL-DSL	40.0	0.0	40.0	1.5	768.0	666666	VVIIEN LIMIN REACHEU (SENECL) Other, None
MO	ALL-DSL	50.0	0.0	50.0	4.0	1.0	666666	Other, None
МО	ALL-DSL	0.09	0.0	60.0	10.0	4.0	666666	Other, None
MO	ALL-DSL	70.0	0.0	70.0	15.0	4.0	686666	Other, None
МО	ALL-FTTH	30.0	0.0	30.0	25.0	5.0	666666	Other, None
МО	ALL-FTTH	40.0	0.0	40.0	75.0	10.0	666666	Other, None
MO	ALL-FTTH	50.0	0.0	50.0	150.0	25.0	666666	Other, None
MO	ALL-FTTH	60.09	0.0	0.09	300.0	100.0	666666	Other, None

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								<92>	Doing Business As Company or Brand Designation		Chariton Valley Wireless Services										
	LEY TEL			ext.	tjordan@charitonvalley.com				SAC	429031	429790										
421864	CHARITON VALLEY TEL	2018	Tina Jordan	6603959682 ext.	tjordan@chan																
<010> Study Area Code	<015> Study Area Name	<020> Program Year	<030> Contact Name - Person USAC should contact regarding this data	<035> Contact Telephone Number - Number of person identified in data line <030>	<039> Contact Email Address - Email Address of person identified in data line <030>	<810> Reporting Carrier Chariton Valley Telephone Corporation	Holding Company	 <813>	Affiliates	Chariton Valley Telecom Corporation	Missouri RSA 5 Partnership										

Certification of Officer as to Compliance with Voice Services Rate Comparability

(010) Study Area Code

421864

(015) Study Area Name

CHARITON VALLEY TEL

(020) Program Year

2018

(030) Contact Name

Tina Jordan

(035) Contact Telephone No

660-395-9682

(039) Contact Email Address

tjordan@charitonvalley.com

CERTIFICATION

Chariton Valley Telephone Corporation (Chariton Valley) operates in the state of Missouri and has a \$18 Local Service Rate that applies to their entire study area. The state of Missouri has a \$.02 state universal charge making the total pricing of fixed voice service \$18.02, which is no more than two standard deviations above the applicable national average urban rate for voice services as published by the Wireline Competition Bureau February 14, 2017 (\$49.51.) I certify that I am an officer of the reporting carrier; my responsibilities include ensuring compliance with the voice services rate comparability; and, to the best of my knowledge, the carrier is in compliance with rules pursuant to 47 C.F. R. 54.313.

Signature of Authorized Officer Printed Name of Authorized Officer Title or position of Authorized Officer

Kirby Underberg

General Manager

Certification of Officer as to Compliance with Broadband Comparability

(010) Study Area Code 421864

(015) Study Area Name CHARITON VALLEY TEL

(020) Program Year 2018

(030) Contact Name Tina Jordan (035) Contact Telephone No 660-395-9682

(039) Contact Email Address tjordan@charitonvalley.com

CERTIFICATION

Chariton Valley Telephone Corporation (Chariton Valley) operates in the state of Missouri and offers a minimum 10 x 1 unlimited broadband to 94% of their entire service area. Rates of \$60 for DSL 10 x 4, and \$30 for Fiber to the Home 25 x 5, are below the relevant reasonable comparability benchmark as published by the Wireline Competition Bureau February 14, 2017 (\$77.98 and \$90.76 respectively.) I certify that I am an officer of the reporting carrier; my responsibilities include ensuring compliance with the broadband comparability; and, to the best of my knowledge, the carrier is in compliance with rules pursuant to 47 C.F. R. 54.313.

Signature of Authorized Officer Printed Name of Authorized Officer Title or position of Authorized Officer

General Manager

dulie Date (0)



Chariton Valley Telephone Corporation Missouri Application for the Lifeline or Disabled Programs

Consumers meeting certain eligibility criteria are able to receive monthly discounts for voice telephony service through the Lifeline program or the Disabled program. Lifeline service offers a monthly discount of up to \$15.75. The Disabled program offers a \$6.50 monthly discount. To apply complete this form and also submit **proof of eligibility**.

Lifeline Program		Disabled Prograi	m					
MO HealthNet (f/k/a Medicaid)		Veteran Administration Disability State Blind Pension	Benefits					
Supplemental Nutrition Assistance (Foo Supplemental Security Income	d Stamps)	State Aid to Blind Persons						
Veterans and Survivors Pension Benefit		State Supplemental Disability Ass	istance					
Federal Public Housing Assistance (Sec	ction 8)	Federal Social Security Disability						
135% of the Federal Poverty Level (See next page for income threshold requ	uirements)							
Applicant's Full Name:	Birth Date:	Social Security # (last 4 digits):	DCN:*					
Name on Voice Service Account (If different fro	om Applicant):	Customer Contact Telephone Number:						
Customer's Full Residential Service Address								
(no P.O. Boxes): Street:		Is this address a temporary addi (circle the appropriate response) (If "yes" then must verify address ever						
City, Town, Zip:		Is this address occupied by multiple households? Yes/No (circle the appropriate response) (If "yes" or if Lifeline program records indicate another person at this address is already receiving a Lifeline Program benefit then you must complete the separate Lifeline Household Worksheet.)						
Is this address also my billing address?Yo		ase provide billing address):						
*This number is assigned to program participants	s oj wiO Healthivet and	r ооа матрs.						

I understand the following obligations and provisions about the Lifeline and Disabled programs:

- The Lifeline and Disabled programs are government benefit programs and that willfully making false statements to obtain the benefit can result in fines, imprisonment, de-enrollment or being barred from the program.
- Only one Lifeline or Disabled service is available per household.
- A household is defined, for purposes of the Lifeline program, as any individual or group of individuals who live together at the same address and share income and expenses.
- A household is not permitted to receive Lifeline or Disabled benefits from multiple providers or combine Lifeline and Disabled program benefits.





- Violation of the one-per-household limitation constitutes a violation of rules and will result in the subscriber's de-enrollment from the program.
- Lifeline and the Disabled program are non-transferable benefits and the subscriber may not transfer his or her benefit to any other person.

	I hereby certi	fy under pe	enalty of pe	rjury that (please initia	ıl next to ea	ch statement	i):
	I meet the eligib	ility criteria t	or the Lifelin	e program or	the Disabled	program.		
	Lifeline or Disal	oled benefits oled support,	including, as	relevant, if I	no longer med	et the income-	-based or progr	ger satisfy the criteria for receiving ram-based criteria for receiving mber of my household is receiving a
	If I move to a ne	w address I v	vill provide tl	nat new addre	ess to my voic	e service prov	vider within 30	days.
	If I have a tempo	orary resident	ial address th	en I will be r	equired to ver	ify my addres	ss with my voi	ce service provider every 90 days.
	My household wreceiving a Lifel			ne or Disable	d service and,	to the best of	my knowledg	e, my household is not already
	I acknowledge the my continued eli							ts at any time and failure to re-certify enefits.
	verifying I do no Communications he information su	ot receive mo s Commission opplied on the	re than one L n and Missou is form is tru	ifeline benefi ri Public Serv ue and corre	t. I also cons vice Commiss ct.	ent to sharing ion who overs	g my account in see and admini	trative Company for the purpose of nformation with the Federal ster the Lifeline or Disabled programs is punishable by law.
Signature	of Customer						Date	
	ompleted signs	d form and	proof of el	igibility.				
Submit a	completed signe							
Submit a			olds for Mee	etino 135%	of Federal Pa	overty I evel	(Rased on H	ousehold Size)
Submit a	Annual Inco	ome Thresho						ousehold Size)
1 \$16,28	Annual Inco		olds for Mee 4 \$33,210	eting 135% of 5	of Federal Po 6 \$44,496	overty Level 7 \$50,139	(Based on H 8 \$55,782	Each add'l person
1 \$16,28	Annual Inco 2 31 \$21,924 I certify I have (Initial and	symme Threshold 3 \$27,567 individud complete on	\$33,210 The state of the state	\$38,853 usehold. ng under inco	6 \$44,496 ome threshold	7 \$50,139	8 \$55,782	Each add'l person + \$5,643/person
1 \$16,28 Acceptable of paycheck structure Unemploym	Annual Inco 2 31 \$21,924 I certify I have	individud complete on meeting the cive months); ompensation;	4 \$33,210 hals in my how haly if qualifying criteria of 13. a statement of or other legal	\$38,853 asehold. ng under inco 5% of the fed f benefits for al documents.	6 \$44,496 ome threshold eral poverty la Social Securion showing curre	7 \$50,139 evel includes: ty, Veterans A ent income (e.	8 \$55,782 a copy of prid dministration, g. divorce deco	Each add'l person
1 \$16,28 Acceptable of paycheck str. Unemploymentation	Annual Inco 2 31 \$21,924 I certify I have	individud complete on meeting the cive months); ompensation;	4 \$33,210 hals in my how haly if qualifying criteria of 13. a statement of or other legal	\$38,853 asehold. ng under inco 5% of the fed f benefits for al documents.	6 \$44,496 ome threshold eral poverty la Social Securion showing curre	7 \$50,139 evel includes: ty, Veterans A ent income (e.	8 \$55,782 a copy of prid dministration, g. divorce deco	Each add'l person + \$5,643/person or year's state or federal tax return; retirement/pension or
Acceptable of paycheck str. Unemploymedocumentati	Annual Inco 2 31 \$21,924 I certify I have	individud complete of meeting the vive months); impensation; all year or the	4 \$33,210 hals in my hounly if qualifying criteria of 13. a statement of or other legal ree consecutive	5 \$38,853 usehold. ng under inco 5% of the fed f benefits for al documents on the months with	6 \$44,496 ome threshold eral poverty la Social Securion showing curre thin the previo	7 \$50,139 evel includes: ty, Veterans A ent income (e.	8 \$55,782 a copy of prid dministration, g. divorce deco	Each add'l person + \$5,643/person or year's state or federal tax return; retirement/pension or



Certification of Officer as to Public Interest Obligations

(010) Study Area Code

421864

(015) Study Area Name

CHARITON VALLEY TEL

(020) Program Year

2018

(030) Contact Name

Tina Jordan

(035) Contact Telephone No

660-395-9682

(039) Contact Email Address

tjordan@charitonvalley.com

CERTIFICATION

Chariton Valley Telephone Corporation (Chariton Valley) is an ETC receiving. Chariton Valley has taken reasonable steps to provide, upon reasonable request, broadband service at actual speeds of 10 Mbps downstream/1 Mbps upstream, with latency suitable for real-time applications, including Voice over Internet Protocol, and usage capacity that is reasonably comparable to reasonably comparable offerings in urban areas. Requests for such service were met within a reasonable amount of time. I certify I am an officer of the reporting carrier; my responsibilities include ensuring compliance with the progress report filing; and, to the best of my knowledge, the carrier is in compliance with progress report on its five-year service quality plan pursuant to 47 C.F. R. 54.313.

Signature of Authorized Officer Printed Name of Authorized Officer Title or position of Authorized Officer

Kirby Underberg

Date__

General Manager